



Corporation Statement of Non-Expenditure of Funds

For Corporations that have not incurred any political expenditures

Name of Corporation			Phone Number	
Avalon Health Care, Inc.			(801) 596-8844	
Street Address	Suite/Apartment/PO Box:	City	State	Zip
255 East 400 South	Suite 200	Salt Lake City	UT	84111

Type of Report (Check the appropriate box)

INTERIM REPORTS:

☒ August 31st

☐ Seven days before a General Election

YEAR-END REPORT:

☐ January 10th of every year

☐ Yes

☒ No

Is this report an amendment?

No Expenditures

Report Verification

I, Tom E. Paget

Print Name of Treasurer or Financial Officer

affirm that I have **incurred no expenditures**
for political purposes during this reporting period.

Tom E. Paget

Signature of Treasurer or Financial Officer

1/05/2010

Date

To File this Form

Mail or deliver to
Lieutenant Governor's Office
Utah State Capitol, Suite 220
Salt Lake City, UT 84114-2325
(801) 538 - 1133

For More Information

Contact the Lieutenant Governor's Office
(801) 538 - 1041
1-800-995-VOTE(8683)
elections@utah.gov

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☐ Copied _____

Date Received